

BUSINESS LICENSE CHANGE OF INFORMATION FORM**TOWN OF HILTON HEAD ISLAND****1 TOWN CENTER COURT, HILTON HEAD ISLAND, SC 29928****(843)341-4610 FAX (843)341-4637**

Office Use Only

BL _____

Date Rec: ____/____/____

Acct # _____

NSIC _____ Rate _____ ISIC _____

Initial Approval

Pl _____ Adr _____ Bldg _____ Fire _____

Business License Number: _____**Current Business Name:** _____**Current Location:** _____**Current Business Phone #:** _____**Current Mailing Address:** _____**Current Owner Contact:** _____ **Current Mailing Contact:** _____**Trade Certificate Required for Business TYPES listed below (please provide #):****Heating & Air #** _____ **Plumbing #** _____ **Electrical #** _____ **Irrigation #** _____**Please provide Contractor or Specialty License #** _____**If you have made any changes in your Business License information, you must notify the Business License Office within 10 days.****If your physical location changes, approvals are required from the Planning Department and the Building and Fire Codes Department.****BUSINESS LICENSES ARE NON-TRANSFERABLE: NEW OWNERS MUST OBTAIN A NEW ACCOUNT!**

TYPE OF CHANGE	CHANGE TO			EFFECTIVE DATE
NEW BUSINESS NAME				
NEW PHYSICAL LOCATION (NOT PO BOX)				
CITY/STATE/ZIP				
NEW BUSINESS PHONE #				
NEW CONTACT				
CURRENT OWNER NAME CHANGE / ADD				
NEW MAILING ADDRESS – STREET/PO BOX				
CITY/STATE/ZIP				
	YES	NO	OTHER/EXPLAIN:	
IS THIS A HOME OCCUPATION?				
IS THIS BUSINESS CLOSED?				
IS THIS BUSINESS SOLD?				
PLEASE PROVIDE NEW OWNER NAME				
CHANGING THE TYPE OF BUSINESS?				
SPACE VACANT FOR 12 MONTHS OR MORE?				
CHANGE IN OCCUPANCY OR USE FOR THIS SPACE?				
WILL THERE BE ANY CONSTRUCTION?				
NEW SIGN?				

AUTHORIZED SIGNATURE: _____ **DATE:** _____